


<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): _____  <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) <b>Jeanine Giampietro</b>		Home Phone (Incl. Area Code) <b>7707103427</b>	Date of Birth
Street Address <b>2840 Aldrich Drive</b>		City, State and ZIP Code <b>Cumming, Georgia 30040</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name <b>ADP</b>		No. Employees, Members <b>7,500</b>	Phone No. (Incl. Area Code) <b>9739745033</b>
Street Address <b>One ADP Boulevard</b>		City, State and ZIP Code <b>Roseland, New Jersey 07068</b>	
Name		No. Employees, Members	Phone No. (Incl. Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____			DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest <b>10/24/19</b>  <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).			
<p>I was employed by the above-mentioned employer for almost 20 years. Due to a series of events occurring in 2019 I made a claim of discrimination based on my gender (female) and advised the company that I was considering filing a charge of discrimination. Thereafter, I entered into an agreement to resolve my claim. The company did not fulfill all the terms of the agreement and I believe the company did so in retaliation for my claims of discrimination. I believe this retaliation was in violation of Title VII of the Civil Rights Act of 1964.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State or Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> <b>4/18/2020</b>  <small>Date</small> </div> <div style="text-align: center;">   <small>Charging Party Signature</small> </div> </div>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <small>(month, day, year)</small>	